



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
YAMAYA)
Serial Number: 09/472,818) Art Unit 2644
Filed: December 28, 1999)
For: PICKUP APPARATUS OF PIANO) Examiner
Attorney Docket No. TESJ.0014) Graham, Andrew R.

Honorable Assistant Commissioner
for Patents
Washington, D.C. 20231

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

| FOR | TOTAL WITH NEW CLAIMS ADDED | TOTAL CURRENTLY ON FILE | CLAIMS ALREADY PAID | RATE | CALCULATION |
|---|-----------------------------------|-------------------------------|---------------------------|---------|-------------|
| Total Claims | 11 | 12 | (Over 20) | x \$50 | 0 |
| Independent Claims | 2 | 1 | (Over 3) | x \$200 | 0 |
| MULTIPLE DEPENDENT CLAIM(S) | | | | + \$360 | 0 |
| REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). | | | | x ½ | |
| | | | | TOTAL | 0.00 |

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

| | |
|--|--|
| <input checked="" type="checkbox"/> Preliminary Amendment/Response to Office Action (with Claim Amendments) | <input checked="" type="checkbox"/> Petition for Extension of Time for 2 months |
| <input type="checkbox"/> Substitute Specification | <input checked="" type="checkbox"/> Request for Continued Examination |
| <input type="checkbox"/> Preliminary Amendment | <input type="checkbox"/> Letter to Draftsperson w/____ sheets of replacement drawings |
| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Other _____ |

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for
_____. A duplicate copy of this paper is enclosed.

Checks in the amount of **\$395.00** for the RCE fee and **\$225.00** to cover the two-month extension fee
for a small entity are enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this
communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit
Account Number 08-1480**.

Respectfully submitted,

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